

Long-Term Care Weekly Call

Disease Impact – United States as of 12.27.20

Resident and Staff Cases and Deaths

TOTAL RESIDENT COVID-19 CONFIRMED CASES

497,693

TOTAL RESIDENT COVID-19 DEATHS
97,106

total staff covid-19 confirmed cases 425,357

TOTAL STAFF COVID-19 DEATHS

1,292

https://data.cms.gov/stories/s/COVID-19-Nursing-Home-Data/bkwz-xpvg/



Long Term Care in South Dakota

Nursing Homes and Assisted Living Centers

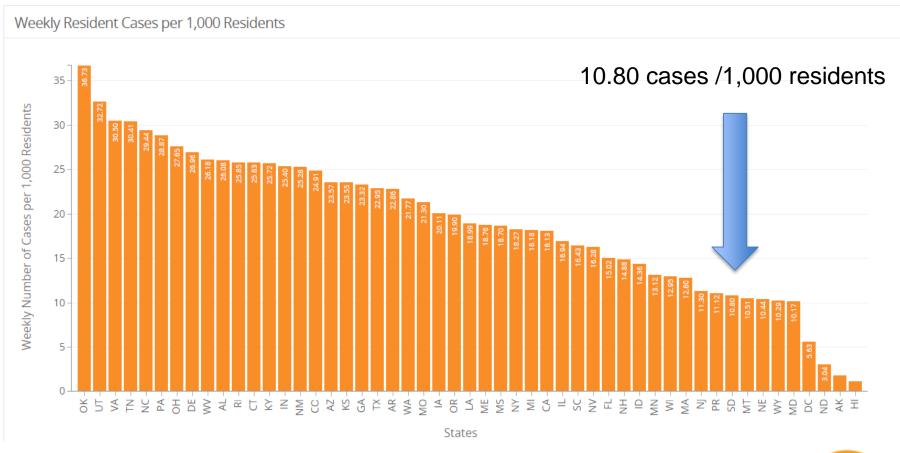
- Current Total of LTC Facilities with Case 66* (37 case in staff only)
- Cumulative Total LTC Facilities with Case 213
- Cumulative Total Resident Active Cases 266*
- Cumulative Total Resident Cases 3,214
- Cumulative Total Resident Deaths 742
- Total Active Cases in Staff 113*
- Cumulative Total Case in Staff 1,160
- Cumulative Total Staff Hospitalized 29



*self-reported by touch-base calls as of 1.12.2021 - all data is provisional

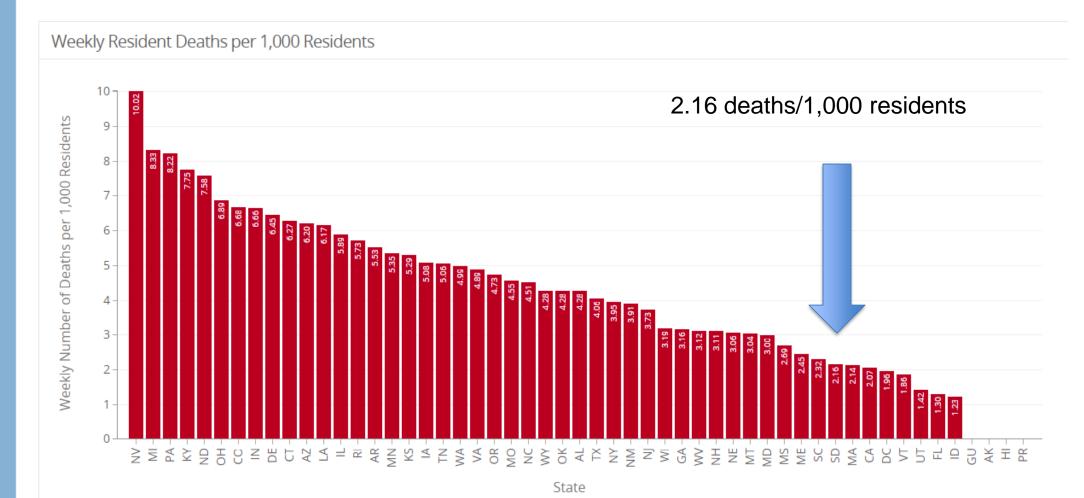
This call is not intended for the press or for reporting purposes.

Resident Cases and Deaths per 1,000 Residents



as of week of 12.27.20





as of 12.27.20



Continue to remain vigilant.

- Regardless of the vaccination status of residents and staff in your facility, current CMS and CDC guidance remain in affect.
- Continue to follow current Infection Control, PPE, and Visitation guidance.
- Providers should continue to follow the Core Principle until new guidance is provided by CMS and CDC.



The Core Principles of COVID-19 Infection Prevention

The Core Principles of COVID-19 Infection Prevention

- **Screening** of all who enter the facility for signs and symptoms of COVID-19 (e.g., temperature checks, questions or observations about signs or symptoms), and denial of entry of those with signs or symptoms
- Hand hygiene (use of alcohol-based hand rub is preferred)
- Face covering or mask (covering mouth and nose)
- Social distancing at least six feet between persons
- Instructional signage throughout the facility and proper visitor education on COVID19 signs and symptoms, infection control precautions, other applicable facility practices (e.g., use of face covering or mask, specified entries, exits and routes to designated areas, hand hygiene)
- Cleaning and disinfecting high frequency touched surfaces in the facility often, and designated visitation areas after each visit
- Appropriate use of Personal Protective Equipment (PPE)
- Effective cohorting of residents (e.g., separate areas dedicated COVID-19 care)
- Resident and staff testing are accessible



Infection Prevention Updates as of January 11, 2021



<u>Updates to Antigen Testing Considerations</u>

Summary of Changes

Updates as of January 7, 2021

As of January 7, 2021

- Revised guidance on when to perform confirmatory tests. In general, asymptomatic
 people who test antigen positive should have a confirmatory test performed.
 Symptomatic people who test antigen negative should have a confirmatory test
 performed.
- Confirmatory test should be performed with nucleic acid amplifications tests (NAAT) such as reverse transcriptase polymerase chain reaction (RT-PCR).
- Expanded the intended audience to include all long-term care facilities, including nursing homes.
- Added links to <u>Point of Care Testing</u> and <u>Testing and Management Considerations for Nursing Home Residents with Acute Respiratory Illness Symptoms when SARS-CoV-2 and Influenza Viruses are Co-circulating
 </u>

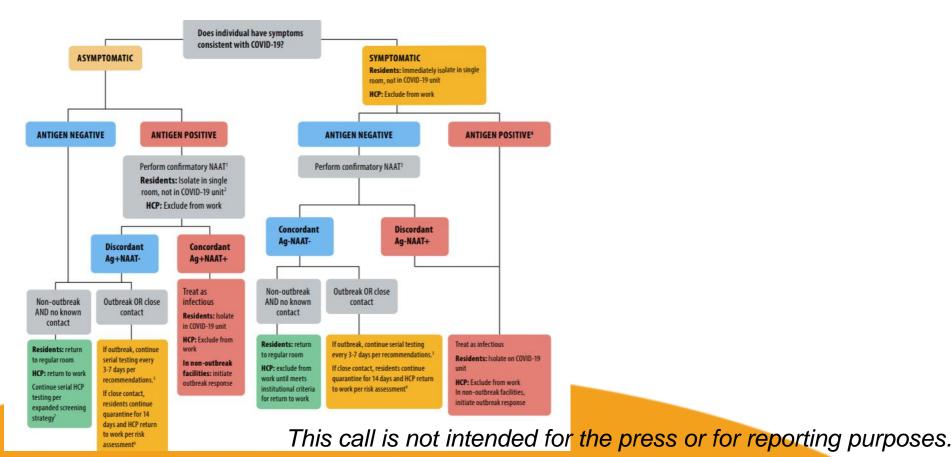
https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-antigen-testing.html



CONSIDERATIONS FOR INTERPRETATION OF ANTIGEN TESTS IN LONG-TERM CARE FACILITIES

Antigen testing updated algorithm

https://www.cdc.gov/coronavirus/2019-ncov/downloads/hcp/nursing-home-testing-algorithm-508.pdf



State-Sponsored COVID-19 Saliva Testing



https://doh.sd.gov/COVID/



Continue to refer to the CDC's vaccination <u>FAQ section</u> and <u>Toolkit</u> for updated vaccine guidance in long-term care facilities.

Frequently Asked Questions about COVID-19 Vaccination in Long-Term Care Facilities



Long-Term Care Facility Toolkit: Preparing for COVID-19 Vaccination at Your Facility

https://doh.sd.gov/COVID/Vaccine/Public.aspx

COVID-19 Vaccine

Expected Vaccine Availability in South Dakota

Phase	Population Group	January	February	March	April	May-December
1A	Frontline healthcare workers and long-term care facility healthcare workers					
1B	Long-term care residents					
we are here	EMS, public health workers, and other healthcare workers (lab & clinic staff)					
	Law enforcement, correctional officers					
1D	Persons with 2 or more underlying medical conditions					
	Persons aged 65 years and older					
	Residents in congregate settings					
	Teachers and other school/college staff					
	Funeral service workers					
1E	Fire service personnel					
	Includes public-facing workers in essential and <u>critical infrastructure</u>					
Phase 2	All others 16 years and older	Estimated Vaccine Availability				

Due to limited allocation of the vaccine, the South Dakota Department of Health will use COVID-19 infection rates and will follow

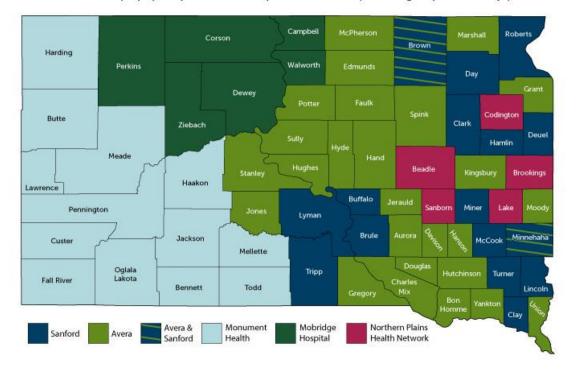


https://doh.sd.gov/documents/COVID19/Vaccine/COVID_ VaxAvailabilityTimeline.pdf

COVID-19 VACCINE PROVIDERS

VACCINE PROVIDERS BY COUNTY

Best viewed on a desktop/laptop computer or in landscape mode on mobile (i.e. holding the phone sideways).



https://doh.sd.gov/COVID/Vaccine/VaccineProviders.aspx



Candida auris Outbreak in a COVID-19 Specialty Care Unit — Florida, July-August 2020

Prestel C, Anderson E, Forsberg K, et al. Candida auris Outbreak in a COVID-19 Specialty Care Unit — Florida, July–August 2020. MMWR Morb Mortal Wkly Rep. ePub: 8 January 2021. DOI: http://dx.doi.org/10.15585/mmwr.mm7002e3external icon

- 35 of 67 patients were colonized with Candida auris in a specialty COVID unit resulting in a large outbreak.
- HCP were observed to wear multiple layers of PPE (gown and glove) throughout shift.
- While double gowning and gloving increase the *perception* of more protection, it is showing to be more harmful and causes more lapses in cross contamination.
- Multiple layers of PPE is still <u>NOT recommended</u> for COVID transmission-based precautions
- Lapses in cleaning and disinfection of shared medical equipment and lapses in adherence to hand hygiene likely contributed to widespread *C. auris* transmission.